

## **Business Products**

McLaren Print System Order

Order No: 45087 Reprint Previous Order No: 25181 Order Date: 2019-05-02 User: Bobbie Morris Phone: 9893164150

Ship Location: McLaren Bay Pulmonology - West Campus Attn: Bobbie 3175 W. Professional Dr Bay City, Michigan 48706

Forms Quantity: 500 Paragon Dept No: 56026 Dept Name: Bay Pulmonology Company Number: 810

Order Total Price: 0.00

Item Number: MM-352 Item Description: Needs Assessment Revision Date: 10/2018 Print: 1 sided black and white Paper: 20# White Text Size: 8.5 x 11 Fold: Finish: None Drill: None Misc Info: ss;black

	Needs Asses	sumeral.
Patient Name (First, Last	ŧ	Date of Kirth
Outs of Assessment:		
Patient: Please fill and the	r information below to better assist us a	eith your care.
Our goal is to educate ou learn? [] Yes. [] No	r patients in order to provide the best p	costile care. Would pix consider yourself ready to
Gearning Preference	<b>Cultural Considerations</b>	
Check of their apply.		practices that we should be paone of?
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No preference	Can pitu read?	No.
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allower in their lives. Are a	its experiencing violence and/or sexual	about D Yes D No.
ful the		Clinical Staff. If Yes checked for any Fall Risk question
Manual active Furthern, in: Other State	t year?   tes   No	was fail Prevention Education given?
the area separation or for the	the Distance of American Party Party Party	T Yes C No
Do you experience forget	fulness or confusion? 📋 Yes 📋 No	Ten D No NA, give toppot
Do you experience forget Do you use a walker or co	fulness or confusion? 📋 Yes 📋 No	NA, give require
De you experience forget De you use a wolker or co Depression Screening	fulness or confusion? [] Yes [] No ane? [] Yes [] No	Res Star NA, give reason Closed Staff. If Tes checked for either Depression
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